



Town of Eagar
22 W. 2nd St. PO Box 1300
Eagar AZ 85925
(928) 333-4128 (928) 333-5140 (fax)

APPLICATION FOR EMPLOYMENT

PLEASE **PRINT** CLEARLY

Name of Applicant Social Security Number Phone Number

Mailing Address City State Zip

Position applying for: _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for the Town of Eagar before? _____ Dates: From _____ To _____
Month / Year Month / Year

Where? _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Names of Relatives working here _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade level completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school; attended _____
Name Address

GENERAL

Have you ever been convicted of a felony? _____ If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that **driver applicants** show all employment for the past three years. Effective July, 1987 they must show commercial driver employment for the seven years immediately proceeding this year period. 8391.21 (B) (10), (11)

Start with **last or current** position, including military experience.

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

EMPLOYMENT RECORD, CONTINUED

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Position Held: _____ From _____ To _____ Salary _____

Reason for leaving _____

APPLICANT MUST READ AND SIGN

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THIS EMPLOYMENT APPLICATION. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with the Town of Eagar, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the Town of Eagar and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigate Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand the misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the Town of Eagar.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best on my knowledge.

Signature of Applicant

Date